

4814

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>104</u>	
District of <u>Maricopa</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>279</u>	
Town of <u>Mesa</u>		Local Registrar's No. _____	
or			
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Jones</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>Yes</u>		Month <u>Sept</u>	Day <u>4</u>
Year <u>1914</u>		(Month)	(Day)
Full Name <u>Robert A. McNeil</u>	FATHER	Full Maiden Name <u>Bessie Jones</u>	MOTHER
Residence <u>Mesa</u>		Residence <u>Mesa</u>	
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Mo</u>		Birthplace <u>Mo</u>	
Occupation <u>Carpenter</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 4</u> , 191 <u>4</u> , at <u>89</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191 <u>4</u>		Address <u>John H. Lacy</u>	
012-904-212		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed Sept 30 1914Filed Oct 5 1914

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.